



HAMILTON COUNTY HEALTH DEPARTMENT

CHARLES HARRIS, M.D., HEALTH OFFICER

Pool Information

Name of Pool: _____

Pool Type: ☐ Competition ☐ Diving ☐ Fitness ☐ Lap ☐ Plunge ☐ Program ☐ Rehabilitation
☐ Spa ☐ Swimming ☐ Wading ☐ Wave ☐ Zero Depth

Pool Shape: _____ Pool Size (gallons): _____ Year Built: _____

Pool Address: _____

Phone: _____

Owner Information

Owner: _____

Primary Contact: _____

Address: _____

Phone: _____ Email: _____

Operator Information

Operator: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Title: _____

Phone: _____

Operation Information

Disinfection Type: Chlorine (Dry/Liquid/Salt) Bromine Other

Snack Bar/Food Service: Yes No

Will lifeguards or a monitor be at the pool when it is open? Yes No

(Seasonal) Date Open: _____ (Seasonal) Date Closed: _____

Hours of operation: _____ to _____

Access Information (Gate Codes, Lock Boxes, etc...) _____

Fee

Seasonal: \$100 = _____ Annual: \$175 = _____

TOTAL: _____

Please return this completed application along with your permit fee to the Hamilton County Health Department. Make checks payable to: HAMILTON COUNTY HEALTH DEPARTMENT.

18030 Foundation Drive, Suite A
Noblesville, In 46060
Phone: (317) 776-8500 or Fax: (317) 776-8506